

Robert M. Damming
Freeholder Director

Giuseppe (Joe) Chila
Deputy Freeholder Director

Lyman Barnes
Freeholder Liaison



Gloucester County
Department of Health,
Senior & Disability
Services

Division of Health

GLOUCESTER COUNTY RESIDENTS ONLY
YOU MUST SHOW PROOF OF RESIDENCY

Place address label here if you brought one

OFFICIAL USE ONLY

Site # _____ Mun Code _____

Last Name _____ First Name _____

Address _____
(Street) (Town where you vote/pay taxes)

Home Phone _____ Date of Birth _____

Have you EVER had a flu shot before?	YES	NO
Are you allergic to eggs?	NO	YES
Have you had a fever over 100° in the last 48 hours?	NO	YES
Have you ever been diagnosed with Guillain Barre?	NO	YES

I have received the Influenza Vaccine Information Statement dated 7/26/13. I believe that I understand the benefits and the risks of Influenza Vaccine and request that the vaccine be given to me or the person named above for whom I am authorized to make this request.

Signature _____ Date _____
(Sign and Print if guardian)

OFFICIAL USE ONLY

Fluzone Influenza Vaccine
Expires June 30, 2014

Site: Right Deltoid ☐ Left Deltoid ☐ Other _____

☐ U4694CA ☐ UH909AA

☐ UH898AA ☐ UH899AC

☐ U4696EA ☐ UH900AB

RN Signature: _____

☐ _____ ☐ _____

☐ U4697CA ☐ UH917AB